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JPRS Report

Epidemiology

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CAMEROON

Patients Treated for Typhoid; Epidemic Denied

34000773b Yaounde CAMEROON TRIBUNE in English 9 Jun 89 p 5

[Article by Fualefac Bernard]

[Excerpt] For a good part of last week, most people in the North were under the spectre of a typhoid fever epidemic. Now the Health authorities say its all a force.

The North West provincial chief of preventive medicine and rural health services Dr Tembong Chi Andy has dismissed rumors that there is an outbreak of typhoid epidemic in the province. He was however, quick to admit that some few patients have been diagnosed in a private laboratory-Mount Sinai and are currently receiving treatment in the Bamenda provincial hospital. He was speaking to CAMEROON TRIBUNE, last Friday May 2, 1989.

Dr Tembong further said a team of experts have been sent to the field and investigations are still going on. He regretted the fact that his services lack most of the equipment to do the test for Typhoid. Dr Tembong said population mobility has made it difficult to say exactly which part of the province has the disease. He added that some of the patients presently undergoing treatment are from Bamenda, Ndop and Molyko in Buea.

He noted that his services do not have an adequate knowledge of the population statistics of the various communities. He went further to explain that a careful blood sampling of the inhabitants without the population figures will not be adequate to declare that a disease is an epidemic.

Other sources revealed that more than 30 typhoid patients are presently taking treatment in the Bamenda provincial hospital.

Symptoms

Typhoid like other diseases has its symptoms. Possible signs of typhoid are fever, malaise, headache and bleeding from the nasal cavity. In some extreme cases, chronic typhoid if not diagnosed and treated can develop to constipation which may result in diarrhea.

SENEGAL

181 Cases of AIDS; 50 Percent Die

54000067a Dakar WAL FADJRI in French 7 Jul 89 pp 13-14

[Interview with Professor Awa Coll, assistant director of the Chu de Fann Infectious Diseases Clinic, by M. Dessoh, date and place not specified: "AIDS: Avoiding Complacency"; first paragraph is editor's lead]

[Text] The shock of discovering the first few cases over, the fear of AIDS has not triggered the dreaded psychosis. Nevertheless, the disease is making inroads and should not be ignored.

WAL FADJRI: Which classes are most affected by AIDS in Senegal?

COLL: What I can tell you is that there is no one class that is particularly affected by AIDS. It is a disease that can affect everyone. Those who are infected are perhaps people whose behavior (ed. note: sexual) is high risk. People with high-risk behavior, especially with respect to sexual transmission that is the dominant mode in Africa and particularly in Senegal, can be found in all social classes.

WAL FADJRI: All the same, are there regions that are more affected than others?

COLL: A peculiar feature of West Africa is the relatively frequent occurrence of the second virus, HIV2. It is therefore HIV2 that we observe most frequently in Senegal, and more often in the southern part of the country. That does not mean the other regions are unaffected.

WAL FADJRI: How many AIDS patients have been declared to date?

COLL: 181 cases have been declared, of whom about just under half have died.

WAL FADJRI: Do our hospital centers have adequate equipment for effectively detecting the disease?

COLL: There are now blood banks equipped to make a diagnosis in all regions of the country. More specifically, there is a bacteriology-virology laboratory in Dakar where the necessary analyses are done.

WAL FADJRI: Do you think the 181 cases reflect the reality of the situation?

COLL: I think Senegal is one of the countries in which prevalence is low, since some countries have declared over 1,000 cases. The 181 cases can give us an idea of what is happening in our country. But there is no doubt that, as in other countries, the number is undercounted, because patients arrive and die before there is time to evaluate them. It is not clear that evaluations are done swiftly enough in our centers, which still have problems with equipment, with taking charge of patients, etc. I, therefore, believe the 181 cases are fewer than what really is out there. But even if the number were doubled, Senegal would still fall in the range of countries with a fairly low prevalence. However, people must not think that because the prevalence is low, we have no AIDS problem. Once there is one case in the country, the epidemic can break out.

The example of Ivory Coast is fairly significant in this regard. In recent years very few cases were declared there, while today AIDS poses a real public health

problem, since during the annual Abidjan medical meetings it was reported that over 400 patients had been diagnosed in 6 months. We must, therefore, avoid any complaceny that would downplay risks.

WAL FADJRI: Some countries perform blood tests at their borders. Could this be done in Senegal?

COLL: If my opinion were asked, I would say no. Once there are one or several cases in a country, the virus is already there. Systematic blood-testing at national borders does not solve the problem since the native cases exist. Even more important, there is a period during which you do not have antibodies. Well, when blood testing is done, serology tests are run, that is, antibodies are looked for and they appear between 15 days and 3 months after contamination. The serology of a subject whose antibodies do not show up until after 3 months is therefore negative, although he is a virus-carrier, and, moreover, more dangerous because the virus is circulating in his blood.

All this means that even from a scientific standpoint, systematic blood testing is not a good thing and, what's more, it is extremely costly.

WAL FADJRI: How many of your patients are prostitutes, since they are considered the high-risk population?

COLL: I cannot speak for all the other clinics or hospitals concerned with AIDS. But at the Fann Infectious Diseases Clinic, out of 80 cases, we had not recorded a prostitute until the end of December. The first prostitute was hospitalized nearly a month ago. This makes it possible to say that, although prostitutes may be a high-risk group because of their sex life, everyone else who has unprotected relations with multiple partners is also exposing him/herself to infection. You don't have to wait to be a prostitute to feel concerned by the question. In fact, everyone is implicated.

WAL FADJRI: How do you go about telling an infected patient that he has AIDS?

COLL: There is not one technique for informing someone that he has AIDS. Each person is a particular case and we take into consideration the individual's psychological state, whether or not he is anxious, the depth of his belief, and so on. We can spend more or less time depending on the case. In any event, we lean toward informing all patients so they can take precautions afterwards.

WAL FADJRI: And how do they act when the news is broken?

COLL: They often show great piety and put themselves in God's hands. It is an important factor, in addition to family support. Because of this, we do not have any cases of suicide or depression as they have in Europe, where these factors do not carry the same weight. But patients are generally depressed when they are given the news. It is afterwards that they get a hold on themselves again. And then, it is up to them to inform their relatives. We only do so at their request or in really exceptional cases.

WAL FADJRI: Have you detected seropositive individuals in the course of blood donations and what percentage do they represent?

COLL: According to papers written on the subject by Professor Lamine Diakhate, director of the Blood Transfusion Center, the rate is 0.6 percent, which corresponds fairly closely to the overall seropositive population. Blood testing has removed these people from the blood-donor pool and their blood is not used. I would, therefore, say that transfusions in Dakar are 100-percent safe today, with a similiar trend at work in other regions, though the Tambacounda blood bank is not yet quite performing up to par.

WAL FADJRI: It seems that many people contract the disease in prisons. Why is that?

COLL: On that subject, homosexuality and drug addiction in the prisons in Europe are invoked. Because of the cultural context in Senegal, homosexuality, even if it exists, is reputedly not widespread and the IV-drug addiction that poses the threat of AIDS has not been noted, at least officially, in our prisons. As a result, in Senegal we have an AIDS rate of 2 to 3 percent among prisoners, while elsewhere rates of even 20 percent are cited.

WAL FADJRI: What is the current state of research in Senegal?

COLL: Research is coordinated in our country by the National Committee to Prevent AIDS, which is made up of three groups: a sero-epidemiological group, a clinical group, and a health-education group. Coordination among these three groups is of course necessary.

WAL FADJRI: What problems do you face in your research and diagnostic work?

COLL: The big problems are financial, for we have enough researchers in Senegal today to be internationally competitive. These financial problems have, among other consequences, an effect on our equipment. Even though there is international solidarity in the fight against AIDS, authorities should be able to make greater efforts to help us work under better conditions.

15,000 Children Die Annually From Malaria

54000067b Dakar WAL FADJRI in French
23 Jun 89 pp 14-15

[Excerpt from an article by Yoro Sarr: "The 'Female Fatale'"; first paragraph is editor's lead]

[Excerpt] The rainy season is coming and with it the ravages of malaria. It is during this period that the parasite responsible for the illness proliferates. The bite of the anopheles (female of the mosquito) thus continues to wreak havoc. And at a time when the parasite is

becoming increasingly resistant to the usual treatments, laboratories are working, thus far unsuccessfully, on an effective vaccine.

Ken Bugul was barely two and a half, a mischievous little girl bright for her age. Then one day she abruptly fell ill. She complained of horrible headaches. At intervals she was seized by uncontrollable shivering that made her teeth chatter, soon followed by profuse sweating.

One day, two, then three days went by. Nothing seemed to help. She was suffering horribly. On the fourth day, her face suddenly grew very pale, her eyes haggard and her expression vacant. Her breathing was labored. What could be done?

There was no health station in the village. And the health agent had long ago abandoned his rounds, for lack of transportation and medicine. The city, the regional capital, was 30 km away, or nearly 4 hours by cart. And what horse, during this between-harvests period when hay is rationed, would be strong enough to make the trip? In any case, Ken Bugul's father had been gone from the village for 2 weeks and her mother did not have the money to pay for the journey.

Eight months ago a relative's child had fallen ill. He had had the same symptoms as Ken Bugul and the medication that had cured him had not been used up. Despite several chloroquine campaigns, no one had ever told her anything about the toxicity of medicines, still less about the diagnosis of common illnesses. The man in the white coat had simply said: "two in the morning, two at noon, two in the evening." And that was all she remembered.

Two tablets were administered to the child after being dissolved in a glass of water. They waited for an improvement for 2 hours. That was all it took to bring about the death of Ken Bugul.

Unfortunately, this scene is only too frequent in our villages and slums, where the devastation of malaria is endemic. For lack of reliable statistics, it is estimated that at least 15,000 Senegalese children die each year of this disease. And there is no doubt that the real figure could have been higher, had the Ken Buguls who have never been listed on any official register, despite the territorial and local reform, been counted.

It is not for nothing that malaria has gained the world title of "queen of illnesses." The figures are eloquent. Two billion people are potential malaria victims, or 40 percent of the humans who live in regions where malaria (bad air) or swamp fever (another name for malaria) is endemic. Some 300 million people suffer from it chronically, including 200 million in Africa alone according to World Health Organization (WHO) estimates. Ten million people die of it each year, including 3 million (primarily children) in sub-Saharan Africa. Ninety million new cases are recorded annually in the 100 countries affected by the scourge. Worse still, "the beginning of the eighties was marked by an overall degradation in the situation," comments with alarm WHO's director of malaria research programs.

Indeed, for several years a slackening in surveillance activities and the resistance of paludal parasites to medicines and of mosquito carriers to insecticides have greatly multiplied the risks of the spread of the disease. The leading cause for concern is this double failure to combat mosquitoes and the pathogenic agent of malaria.

There are at least two-and-a-half times more patients today than there were in 1968, the year WHO acknowledged that the eradication program set up in 1965 had failed and that other strategies to combat the disease would have to be conceived.

Several certainties emerge from this bleak picture: today malaria is far and away the top cause of child mortality and probably one of the leading causes of death among adults and especially pregnant women. Furthermore, it hampers socio-economic development in that its victims are laid up primarily during the rainy season when the hot, humid climate, stagnant waters, and undrained swamps and lack of sanitation, combined with the growth of vegetation, offer ideal conditions for the proliferation of mosquitoes. [passage omitted]

SEYCHELLES

Health Minister Reports No AIDS Cases

34000773a Victoria SEYCHELLES NATION in English 11 Aug 89 pp 1, 2

[Text] No AIDS cases have yet been reported in Seychelles, but it would be logical to assume that the virus that causes it can enter the country through visitors, health minister Ralph Adam warned yesterday.

"We shouldn't congratulate ourselves or think that we should not worry, because the virus respects no international boundaries," said Mr Adam while opening a donors meeting at the Reef Hotel to discuss the financing of Seychelles' medium-term plan to combat the dreaded disease.

He said the Human Immune-deficiency Virus (HIV), which causes AIDS (Acquired Immune Deficiency Syndrome), and the disease itself were not problems of far-away societies or of certain groups of population.

"The problem touches us all whether we are parents, professional health workers, educators, business people or ordinary workers.

"We are all part of the society in which some people are vulnerable to HIV and AIDS.

"Because we share the same society and humanity, those who get infected are part of our concern."

Mr Adam further said the control of HIV and AIDS was not only about preventing the infection, or detecting and

treating the afflicted, but one that recognized the value of human dignity, self-respect and the promotion of healthy people.

In this regard, he said his ministry had a role in setting up laboratories, clinical and epidemiological services and guiding the various activities in the medium-term plan.

He added that other ministries and organizations also had clearly-defined roles in the plan.

Addressing 35 people from various government and non-governmental organizations, parastatals, private enterprises and foreign embassies, he said: "Your contributions, whether in the form of finance, materials services or others, will reflect your desire to engage yourselves in our common endeavour to improve our people's health."

Minister Adam invited the participants to work with the ministry through the period of the plan's implementation.

He also thanked the people involved in preparing the plan, including the World Health Organization (WHO) which also organized the donors meeting.

The R10.5-million 1989-1993 plan calls for accelerated efforts in educating health staff and the general public, as well as specific groups, improvements in epidemiological surveillance, the development of laboratory facilities and better control of sexually-transmitted diseases.

The WHO's liaison officer in Seychelles, Dr Rubell Brewer, said the single most important strategy in combating the disease was education, because there was no cure.

Thus the media's help was needed to inform and educate the public, he said.

The representative of the WHO Global Programme for AIDS (GPA), regional coordinator Dr Peter Fasan, said in his speech there were now more than 172,000 AIDS cases worldwide, and about five to six million people infected with the HIV virus could lead to the syndrome.

However, he said with the various strategies designed by the GPA and scientific institutions, it was possible to slow down the rate of growth of AIDS.

"With luck, a vaccine will come in ten years from now," he added.

The GAP's role is to assist countries through mobilizing its and their resources to combat the disease.

ZAMBIA

29 Cholera Deaths in Northern Area

54000066b Lusaka TIMES OF ZAMBIA in English 11 Jun 89 p 7

[Excerpt] Twenty-nine people have died of cholera and 225 cases recorded in Nsumbu and Mpulungu districts in the Northern Province, since February this year, area member of the Central Committee Paramount Chief Chitimukulu has said.

Cde Chitimukulu said in a Press statement released in Kasama yesterday medical teams with the support of the Party and civic leaders were doing their best to combat the disease despite the alarming proportions it had reached.

He said the provincial surveillance committee has re-examined measures taken some months back to strengthen the fight against the killer disease and were currently revising others. [Passage omitted]

11,000 Cases of Tuberculosis Detected in 88

54000066a Lusaka ZAMBIA DAILY MAIL in English 30 Jun 89 p 5

[Excerpt] Minister of State for Health, Dr Jeremiah Chijikwa, has called for more research into the relationship between tuberculosis and AIDS, which have been discovered to frequently co-exist.

Speaking at the National Council for Scientific Research (NCSR) where he received one vehicle and diagnostic equipment worth 175,000 U.S. dollars donated by the Netherlands government yesterday, Dr Chijikwa said tuberculosis could either be a cause or a product of AIDS.

Tests conducted by the laboratory had disclosed that TB cases often had an HIV infection as well, but it was not yet clear which one of the two diseases caused the other.

And a TB specialist in the Ministry of Health disclosed that over 11,000 new cases of TB had been detected in the country last year alone, and that the diseases incidence was increasing at "a very rapid pace."

He warned that unless alarming spread of TB was stemmed the country could have a major health crisis on its hands. [Passage omitted]

New AIDS Cases in Taiwan Reported

54004813c Beijing RENMIN RIBAO [OVERSEAS EDITION] in Chinese 16 Jun 89 p 3

[Excerpts] At the beginning of this year, Taiwan discovered its first case of a mother passing the AIDS virus on to her baby. In April, the first case of a husband infecting his wife with the AIDS virus was discovered. It is apparent that Taiwan continues to discover AIDS virus carriers.

After nearly 6 months of follow-up tests, the infant still had not shown any symptoms of the disease, but during a later test it showed a positive AIDS antibody reaction. The hospital's AIDS treatment group then determined that its antibodies were passed on directly from the mother. Later, after examination by the Western Blot Method, it was discovered that antibody density was continuing to increase, confirming that the baby had become a carrier of the AIDS virus.

Taiwan's first case of AIDS passed through husband to wife was discovered by Taizhong's "Rongzong" hospital. As we understand, 3 months ago Taizhong's "Rongzong" twice used the ELISA and Western Blot test methods to confirm a woman as Taiwan's first case of an AIDS virus carrier infected by a spouse. Her husband is a hemophiliac and became an AIDS carrier through early use of unscreened coagulant. His wife became an indirect AIDS victim through ignorance of the situation.

Based on statistics of Taiwan's Department of Epidemic Prevention, seven of Taiwan's AIDS carriers are married. Six of their spouses undergo regular screening at hospital affiliated to Taiwan University. At present, all are normal.

According to recent statements by the Office of Epidemic Prevention of the "Executive Yuan's" Public Health Department, the number of Taiwan's AIDS patients and carriers has already increased to 100.

Enteric Epidemic Disease Control

54004813b Beijing ZHONGGUO HUANJING BAO in Chinese 23 May 89 p 1

[Article by Wang Shicheng of the Dongzhimen Hospital, Beijing]

[Excerpts] In 1988, epidemics of two contagious diseases—hepatitis A and cholera broke out in Shanghai and Xinjiang. At the time, this caused great domestic repercussions and disturbance. Now, although the epidemic situation has subsided, the entire matter is unforgettable and thought provoking.

Shanghai's hepatitis A breakout lasted for about 2 months, over 310,000 people were afflicted and 47 died. It spread successively to Jiangsu, Zhejiang and Shandong, causing a total of 430,000 cases. The cholera breakout in Xinjiang lasted 116 days, there were 3,976 cases and 66 people died. The hepatitis A epidemic in Shanghai was the result of the residents of cities and towns eating raw clams contaminated with the hepatitis A virus. The Xinjiang cholera epidemic resulted from local farmers and herders using water contaminated with the cholera vibrio. Unsanitary eating habits and contaminated water sources were the causes of these two outbreaks in the history of public health and epidemic prevention in China.

In China, after 40 years of unrelenting effort, the ranking of contagious disease in the list of mass diseases has dropped from number 1 in the early post-liberation period to number 6 or 7. In 1988, the overall incidence rate of contagious disease fell by 16.62 percent compared to 1987, however, the incidence rate of cholera, hepatitis, typhoid and other enteric contagious diseases still showed a clear increase during 1988. The hepatitis of Shanghai and the cholera of Xinjiang are only the most concentrated manifestations. This is closely related to the fact that in China, even today the domestic sewage treatment rate is only 2.4 percent; less than 30 percent of village drinking water is up to safety standards and solid waste treatment rates are less than 5 percent. There are three causal links required to create an epidemic of enteric contagious disease, i.e., a source of contagion, routes of transmission and groups of people susceptible to infection. These three links must be dealt with by adopting appropriate measures in order to effectively curb the incidence of disease. To control the source of contagion, early discovery of those people afflicted, and prompt isolation and treatment is required. Also, personnel working in the food industry, childcare organizations and water plants should have physical examinations at specified intervals. For the protection of susceptible groups, implementation of planned immunizing innoculations for everyone is required and great effort should be taken in the dissemination of health knowledge. Cutting new routes of transmission and the management and cleansing of the environment are the main tasks in controlling enteric contagious diseases. Practice has proven to be effective as the protection of water sources, sterilization of drinking water, food sanitation, sewage treatment and extermination of flies for many years advocated by the Public Health and Epidemic Prevention Department as "three controls and one extermination."

The outbreak of hepatitis A in Shanghai and cholera in Xinjiang should arouse our deep consideration. We should establish the concept of ("Da Weisheng" sanitation), everyone should cooperate in fighting the diseases, take part in and solve the problem together, in order to establish a solid wall to protect the environment and good health.

Report on 1988 Epidemic Situations

54004813a Beijing GUANGMING RIBAO [GUANGMING DAILY] in Chinese 11 Apr 89 p 1

[Text] The Ministry of Public Health today formally reported the nationwide situation in public health supervision and the figures in the report on the contagious

disease epidemic situation. It was explained that presently, China's public health conditions are relatively poor and the incidence of contagious disease is still relatively serious.

The publicized figures related to public health supervisory work indicate that the health condition of Chinese people remains comparatively poor. For example, only 77 percent of food products pass public health inspection and only 57 percent of monitored harmful factors in production environments are up to standard. Unhealthful environmental conditions cause outbreaks of many kinds of disease. Both the rise in the incidence of food poisoning and the number of cases are very high each year; the number of people afflicted with occupational illness exceeds 30,000 cases per year; the percentages of secondary and primary school students with diminished eyesight are 40 and 10 percent respectively. Last year, 39 incidents of radiation leakage occured and 706 people were irradiated.

The contagious disease epidemic situation nationwide, based on reported statistics of 1988 for 25 types of contagious disease from 30 provinces, autonomous regions and municipalities directly under the Central Government: The total number of cases was 5,022,852 with deaths totalling 16,090. In comparison with 1987, this represents a 16.62 and 18.53 percent drop respectively. Of the 25 types of contagious disease reported, a total of 17 types showed reduced incidence to varying degrees compared with 1987. Among these, the incidence rates of diphtheria, whooping cough, measles and poliomyelitis, the targets of planned immunization, fell by 37.5, 44.7, 8.5 and 31.9 percent respectively when compared with 1987, once again falling to their lowest levels since the founding of the country. Incidence of viral hepatitis, typhoid and paratyphoid enteric contagious diseases, when compared with 1987, show an increase of 24.3 and 9.3 percent respectively. The number of malaria cases dropped by 36.3 percent compared to 1987, however, the death rate was higher. At present, there are 55,240 cases of leprosy nationwide. Included are 3,837 new cases which developed in 1988. Last summer, in the two cities of Beijing and Tianjin alone, there were over 1.5 million cases of acute hemorrhagic conjunctivitis which was epidemic on a large scale in some regions throughout the country.

China also, for the first time, published figures on the incidence of cholera, rabies and venereal disease. The number of cholera cases rose by 32 percent compared with 1987; the number of rabies cases and the death rate, after 3 consecutive years on the increase, showed a falling trend in 1988 of 15.7 percent fewer cases. However, it is still at high level since the founding of the country. Based on incomplete statistics from the beginning of 1980 to end of 1988, there were 140,648 total reported cases of venereal disease nationwide. Included are 56,090 registered new cases during 1988.

In 1988, some cities began blood serology testing of AIDS groups. Seven people were tested positive for AIDS viral antibodies (all were foreigners).

Infectious Disease Number 8 Killer in Beijing

OW1608041689 Beijing XINHUA in English 1450 GMT 15 Aug 89

[Text] Infectious diseases became the No. Eight killer in the capital in 1988, an official of the Public Health Bureau told the municipal people's congress standing committee session here Monday.

They used to be the No. One killer in the 1950s, he pointed out.

He said smallpox and plague have been stamped out in Beijing, while measles, diphtheria and whooping cough have been effectively controlled. Besides, the incidence of epidemic encephalitis, typhoid fever and tuberculosis has dropped rapidly and not a single case of poliomyelitis occurred since 1985.

Over the past few years, Beijing has worked out over 40 decrees and regulations governing public health, and set up an epidemic prevention network including over 400 epidemic prevention institutions with a total staff of more than 5,800.

However, the official noted, there is still potential danger for the spread of infectious and epidemic diseases in the capital because such diseases are connected mostly with social factors.

If medical workers had not worked day and night in the Tiananmen Square in May, he pointed out, it would have been hard to prevent the spread of infectious diseases in the capital.

HONG KONG

AIDS Appears Among Hong Kong Drug Users

54004031 Hong Kong HONG KONG STANDARD in English 28 Jun 89 p 1

[Article by Denise Wong]

[Text] The First Acquired Immuno-deficiency Syndrome (AIDS) carrier has been detected among Hong Kong-Chinese intravenous drug abusers.

This was revealed yesterday as officials released new figures showing that the number of known AIDS carriers in the territory had risen to 145.

Dr Patrick Li Chung-ki, head of the AIDS Counselling and Education Clinic, said it was too early to predict a spread of the disease among the estimated 25,000 intravenous drug abusers here.

But examples of overseas countries indicated that the pace and extent of AIDS transmission through sharing of hypodermic needles was frightening.

Once this spread began, there was a high risk of transmission through sexual contact or mother-to-child.

The Chinese male was the first intravenous drug abuser found to be a carrier in 3,446 addicts tested by the AIDS Surveillance Programme since 1985. He was one of two new carriers found in May. The other was a male foreigner who contracted the virus sexually.

The number of people who have developed the disease here remains at 22, nine of whom remain alive.

Dr Li said the Government would strengthen its campaign against drug addiction and sharing of needles, and closely monitor the possible spreading of AIDS through that means.

Of about 58,000 persons who have registered with the Central Registry of Drug Abuse from 1976 to 1987, some 39,000 are still taking drugs and about two-thirds of those use needles.

Almost a quarter of those admitted to still sharing needles, while almost half had done so in the past but had stopped.

Dr Li said studies in Europe indicated that it just needed 11 months to double the number of AIDS carriers among intravenous drug abusers, compared to 20 months among homosexuals.

In Europe, it was predicted that by the end of next year, intravenous drug abusers would outnumber homosexuals to become the majority of AIDS carriers.

The situation in Thailand was more threatening, Dr Li said. At present, 40 percent of that country's intravenous drug abusers are AIDS carriers, a 40-fold increase over 1987.

In Europe, he said, 70 to 80 percent of the intravenous drug abusers had casual sexual partners,while another 15 to 50 percent were prostitutes. Of the new-born babies infected with the virus, 70 percent had at least one parent who was an intravenous drug abuser, while 55 percent of the heterosexual carriers had a drug-injecting partner.

Dr Li said Hong Kong had an advantage over some countries in having detoxification and methadone centers, which were target areas for carrying out AIDS surveillance, counselling and health education programmes.

Meanwhile, a three-day international conference on AIDS is to begin today at the Chinese University.

The conference, titled "AIDS in South East Asia and Pacific Region—Strategy for Prevention and Control", will discuss international co-operation in fighting against the fatal disease from medical, educational, legal, ethical and media reporting aspects.

More than 80 delegates from Thailand, Indonesia, Malaysia, Singapore, Japan, Australia, Canada, the United States and the Philippines will attend.

Addicts Behavior May Increase Spread of AIDS Virus

54004033 Hong Kong HONG KONG STANDARD in English 2 Jul 89 pp 1-4

[Article by Tim Metcalfe]

[Text] Hongkong heroin addicts are playing "Russian roulette" by sharing needles to show loyalty to each other.

The practice threatens to spark a serious AIDS epidemic.

Specialists trying to stem the spread of the virus have condemned the practice.

"They do it to show a bond of friendship, but it presents great potential for a major problem," said Dr Patrick Li Chung-ki, head of Hongkong's AIDS Counselling and Health Education Service.

AIDS has finally reached the territory's drug culture in which 20,000 addicts are known to inject heroin.

It was announced this week that one man trying to kick the habit in a drug rehabilitation center has tested HIV-positive.

But experts are convinced many others who inject heroin are bound to be AIDS carriers.

They fear the number of victims infected by needles could soar to hundreds—even thousands.

"For every addict identified as a carrier there are estimated to be at least another 30 who have not been identified," said Community Drug Advisory Council chairman Dr Jeffrey Day.

"We could very quickly be in a lily in the pond situation.

"We have the beginnings of an epidemic seen in other countries well under way."

But he claimed that Hong Kong was "desperately ill-prepared" and needed to invest more in AIDS education.

He said television public health warnings should concentrate on the dangers of infection through drug injection.

What worries Hong Kong health authorities the most is uncertainty. They cannot begin to calculate how many other addicts carry AIDS without knowing it.

So rapid is the infection with drug abusers that in Thailand, it escalated in one year from only one percent of addicts to 40 percent.

Professor Prafert Thongcharoen, the head of a Bangkok AIDS programme, said the infection rate was up to 80 percent in some slum areas.

"The virus has invaded Thailand," he told a regional AIDS seminar in Hongkong this week.

If intravenous drug abusers in Hong Kong were to suffer similarly, at least 8,000 could be quickly infected.

Professor Roger Detels, an AIDS specialist from the University of California's School of Public Health, said: "There could be significant infection in Hong Kong that has not yet been detected.

"Surveillance of addicts must be intensified."

Professor Gary French, a microbiologist at the Chinese University of Hong Kong, said: "Once AIDS gets into the drug addict population, it spreads very fast."

There are 145 known AIDS carriers in Hong Kong—and up to 1,000 who have not yet been identified. Of those, 25 have so far developed the full symptoms of AIDS, 13 of them dying.

"Hong Kong has got to do something and do something fast before the same syndrome that has happened in the United States and Thailand takes off here," Dr Day said.

Only $600,000 a year is spent by the Hong Kong Government on anti-AIDS campaigns—as much as it costs to care for one victim in the United States from the time of diagnosis to death.

Typhoid Epidemic Fear in Vietnam Refugee Camp

54004032 Hong Kong HONG KONG STANDARD in English 25 Jun 89 p 5

[Article by Tim Metcalfe]

[Text] A Typhoid epidemic is feared in the Soko Islands, Hong Kong's primitive new reception center for boat people from Vietnam, which has suddenly deteriorated into a state of chaotic squalor.

Living conditions have worsened so dramatically in the human cauldron of filth amid dilapidated houses, shacks and makeshift tents that police guards are demanding inoculation—for themselves.

Officers keeping control of 5,000 ragged boat people huddling in the litter-strewn, excrement-ridden settlement of Tai Ah Chau have already been issued with face masks and protective plastic gloves.

But with a sanitation and hygiene crisis now coming to a head, the police and relief agencies insist that even more precautions are needed.

"I can't see the gloves and masks being much use soon," said Inspector Patrick Hodson, one of the police chiefs in charge of the Soko Islands camp.

Sickness is already rife in the community which one Government official described as "hell".

Gastric complaints are common. So are skin rashes and boils, especially among the hundreds of new-born babies and toddlers who are also suffering from dehydration.

One nurse working for Save the Children described the risk of infectious disease as "obvious".

"It has become terrible, like a hell," said Government spokesman Mr Bernard Long.

"It's not just a case of convincing people in Britain what conditions are like, but people in Hong Kong Island as well."

Paddling along footpaths lined with human excrement and junk and gasping for fresh air in the stinking morass, he added: "When you've got people packed in conditions like this, with no sanitation or washing facilities, there's bound to be great concern about health."

In the time-bomb of frustration with the appalling conditions, violence is also erupting.

One man is in a critical condition at Queen Mary Hospital following a fight this week. He was attacked with a hammer in an argument over sharing a semiwild cow that was hunted and roasted by the "Robinson Crusoe" islanders who have landed a long way from paradise.

Living on a diet of baked beans, tinned fish, biscuits and tinned milk (ironically, the brand is called Double Happiness), the boat people are also turning to the shore and sea for extra nutrition. Rocks have been emptied of shellfish and nearby fish farms have been raided.

Locals says the boat people are stealing their fish. Because of pollution from the camp, which has no toilets, they say the fish cannot be sold anyway.

So the fish farmers are this week to petition Omelco and the Department of Agriculture and Fisheries for $3 million in compensation.

After 19 years in the Soko Islands, they will also demand a new location to continue their livelihoods.

"A lot of fish are dying," said fishermen's representative Mr Ng Kam-chuen. "And the ones that are left cannot be sold."

But protests over fish are the least of the Government's worries as the Soko Islands crisis threatens to explode.

"Tell the people what it's like here," pleaded one French-speaking Vietnamese youngster as he started constructing his own shelter with plastic bags and flotsam nets on the exposed bow of a sunken tanker.

Typhoid is the main fear and the infectious disease most mentioned among the two doctors and relief workers from Save The Children and the United Nations High Commission for Refugees (UNHCR) who visit the island every day to care for the sick.

And as one Government official said: "God forbid if anyone comes in with cholera. It would obviously go through here like wildfire." The official quickly added: "Don't mention my name or I'll get into trouble."

The threat is high because effluent and garbage is simply accumulating, adding to the squalor by the minute.

The boat people have been asked to clean it up. But they are refusing.

And with only 40 marine police officers on duty at any one time, Inspector Hodson admitted: "We haven't got the manpower to deal with it. The original plan was to distribute black plastic bags and leave them to it.

"But they've used the bags to store their possessions. You can't blame them, I suppose. It's difficult to keep anything dry.

"I could bring in more bags, but they would hoard them."

INDONESIA

Decrease in Number of Diarrhea Cases in Jakarta

54004329a Jakarta ANGKATAN BERSENJATA in Indonesian 20 Jul 89 p 2

[Text] During the first half of 1989 in Jakarta 3,297 persons were reported to be suffering from diarrhea, 16 of whom died. This was stated by Dr Rahayu S.Endang, chief of the Epidemic Control Section (P2ML) of the Regional Office of the Department of Health in the capital city.

Doctor Endang said in Jakarta on 19 July: "Compared to the first 6 months of 1988, the number of persons affected by diarrhea this year has gone down by about 20 percent. However, the number recorded as having died has increased somewhat."

Doctor Endang said that out of the 3,297 persons affected by diarrhea in the first half of 1989 about 50 to 60 percent were children under 5 years of age.

He said that this percentage was very close to the results of a study made by the Research and Development Section of the Department of Health at the beginning of the 1980's. That is, about 60 to 70 percent of those suffering from diarrhea were children under 5 years of age.

Meanwhile, according to Doctor Endang, the majority of the persons suffering from diarrhea live in areas with low standards of cleanliness and which lack clean drinking water.

He added that the areas most affected by diarrhea in Jakarta, which is one of the provincial level areas not yet free of diarrhea, is Cengkareng in West Jakarta and the Penjaringan area of North Jakarta.

In this connection, he said, the two areas are receiving priority in the prevention and handling of diarrhea, such as the inspection of water hydrants in these two places.

Diarrhea Care Centers

To protect people affected by diarrhea, and particularly if an emergency situation (KLB) occurs, the Regional Office of the Department of Health in Jakarta has ordered every hospital and community health center to set up diarrhea care centers.

Doctor Endang's office also receives a weekly report on the number of persons affected by diarrhea. He said: "That is how we know which area is most affected by diarrhea."

Regarding the medicine on hand to deal with a diarrhea emergency, Doctor Endang said that up to now there has been enough.

He urged the people of Jakarta to boil water before drinking it. They should always be careful about cleanliness in the home and in its immediate vicinity. Children were advised not to eat food or drink liquids from unknown sources.

He added that if people become ill with diarrhea, they should be taken directly to the nearest hospital of community health center as soon as possible. He said: "Do not put this off until they are dangerously ill."

132 Treated for Diarrhea in Tangerang

The wave of diarrhea which recently affected several villages in Tangerang Regency can now be described as declining. This was stated by Doctor Arfan, head of the Tangerang Public Hospital, when a joint commission from the Tangerang Regency Council visited the hospital on 19 July. However, in any case it is hoped that the community will continue to improve the cleanliness of

their surroundings and be careful about unclean food. Drinking water should be boiled before it is drunk.

The wave of diarrhea began to spread on 12 July and by 19 July 132 persons (including about 100 children) were recorded as being infected by the disease and were being cared for at the Tangerang Public Hospital. Furthermore, 48 other persons were being treated on a out patient basis, 25 of whom were children. Among those affected by the disease it is estimated that about 70 percent come from Neglasari Village in Batuceper District. Other persons suffering from the disease come from the districts of Kronjo, Pasar Kamis, and Cikupa and from Bogor Regency.

A patient from Bogor Regency suffering from diarrhea did not receive assistance in time. According to a hospital official, the person involved also suffered from complications of lung disease which he had had for a long time. A child suffering from diarrhea in Tangerang who came from Neglasari Village died before he could be brought to the hospital.

Good Care

A. Gani Saiman, secretary of the Health Commission in Tangerang, said after making a tour of inspection that the care given by hospital personnel to persons suffering from the disease is rather good. Furthermore, stocks of medicine on hand at the Tangerang Public Hospital are also adequate.

Meanwhile, Onny Sahroni, secretary of the joint commission from the Tangerang Regency Council, added that the hospital is very effective in providing care, particularly in the intensive care unit. For example he stated that a patient who enters the hospital and requires immediate care is handled at once without anyone asking for his identity or whether he is able to pay for care. The matter of a statement that he cannot pay for care can be handled later. The important thing is that the patient must receive assistance first.

Although those suffering from diarrhea, for which the medical term is "gastro entitis diesis" (or GED), number in the hundreds, Doctor Arfan considers it an emergency (KLB) but not yet what might be called an epidemic. It is estimated that over the next 2 days the majority of the patients will be able to return home.

In a discussion with the joint commission from the Tangerang Regency Council Doctor Arfan expressed his desire that hospital intensive care units be immediately improved, because their condition is no longer adequate. His office has prepared a plot of land covering 1,100 square meters near the hospital where an emergency care building can be constructed. Doctor Arfan said: "Ideally, it should have three floors, but for the time being a single floor should present no problem."

With the construction of a more adequate intensive care unit, according to Doctor Arfan, this raises the question of increasing regional incomes. In addition the authority of the local government will be expanded because it must look at community health needs, in accordance with the increase in the population of Tangerang Regency.

Before completing its visit to the public hospital the visiting group from the Regency Council found time to visit the Melati ward (the VIP treatment center), which will be officially opened in August 1989. Doctor Arfan said: "At present if the other wards cannot take care of those suffering from diarrhea, we have prepared this ward to take care of them."

LAOS

More Than 5,000 Livestock Killed By Epidemic

BK2807141189 Vientiane KPL in English 0909 GMT 28 Jul 89

[Text] Epidemic plaguing livestock in the past six months was alarming. More than 5,000 livestock died due to the negligence of local veterinarians.

The plague ravaged seriously in the provinces of Sekong, Saravane, Champassak, Savannakhet, Vientiane, Xieng Khouang, Sayaboury and Vientiane Prefecture. Out of this, over 3,000 died in the southern Savannakhet in April and May, according to an expert of the veterinary-livestock department.

The vaccinations of livestock was still low, the main cause of which was due to the delivery of vaccines to localities.

Over 100 People Die of Diarrhea, Dysentery

BK0708160389 Vientiane KPL in English 0915 GMT 7 Aug 89

[Text] In the past two months, 71 people died of diarrhea and dysentery in the northern Houa Phan Province. The most severely affected areas were Viangsai and Siangkho districts. The main cause of the outbreak was originated from poor hygiene and inefficient health network.

More than 3,000 people fell victims to these diseases.

Simultaneously, 44 died of the same cause in the northwestern Sayaboury Province—medical workers and doctors are pooling their efforts into treating patients. According to a report of the Ministry of Public Health, Luang Prabang was the most severely affected by these two diseases.

VIETNAM

SRV: Hanoi Holds National Training Course on AIDS

BK3107084989 Hanoi VNA in English 0650 GMT 31 Jul 89

A national training course on AIDS disease was held here from July 25-29 by the Vietnam Anti-AIDS Committee for 30 lecturers from Hanoi, Ho Chi Minh City, the port city of Hai Phong and the central province of Quang Nam-Danang.

The trainees were briefed on the global strategy against AIDS as well as medical education measures by Doctor Shrestha Devi, consultant of the World Health Organization; on anti-AIDS programme in Vietnam by Prof. Pham Song, Vietnamese health minister; and on other things concerning the disease by various professors.

YUGOSLAVIA

Paper Sees Decreasing Media Focus on AIDS

54003009 Zagreb VJESNIK in Serbo-Croatian
30 Jul 89 p 11

[Article by Goranka Juresko: "Aids in the Neighborhood: Living With the Disease"]

[Text] Up to the beginning of this July, the World Health Organization had recorded a total of 167,373 cases of AIDS or 10,000 new cases since the previous month. Knowing that we have to add to these officially reported cases at least twice as many more to arrive at the real number, one quickly gets to as many as 500,000 cases in the world. However, simultaneously with the increase in the number of AIDS cases space is being lost in the media, the excitement about prevention is dying out, and the healthy are showing less and less interest. Does this mean that we have learned to live with AIDS or that we have simply reconciled ourselves to the fact that nothing can be done here, that there will be no remedy until who knows when, and we have convinced ourselves that we will not have such bad luck as to "pick up" the AIDS virus, the pathogen of AIDS.

Unfortunately, examples from life indicate that we know little about AIDS, still less about prevention, and when we add to this the survey recently done in Belgrade about attitudes of physicians toward AIDS, which showed that they are just as afraid as laymen, there is quite a bit to learn. First of all, it is constantly being forgotten that no one has become infected with AIDS by talking to someone with AIDS or living in his neighborhood. Examples "here around us," as well as beyond, demonstrate that this part of the "theory" of AIDS prevention has not been mastered. A young woman, a mother, became infected with AIDS by her common-law spouse. She went for testing to Dr Fran Mihaljevic in "Infectious Diseases Clinic" in Zagreb, and the test was unfortunately positive. It was after that that her troubles began, when they learned that the test was positive in the settlement where she lives. Instead of calling her by name, when they see her, the neighbors shout: There goes AIDS.

Meanwhile, the person who infected this woman continues to wander at large and spread the disease. Unfortunately, the law is on his side, and there is no way of penalizing him or of possibly "confining" him to some asylum "under surveillance."

Release From Prison

As for confinement, even conventional prisons do not want people who are infected or ill with AIDS. Indeed, it is almost certain that everyone infected, if this is learned "in time," will be magnanimously released. This is indicated by the example of the couple from Zagreb, both drug addicts, who recently committed a crime in Austria. The girl was released when it was learned that she was seropositive to the AIDS virus, but the boy remained to "pay" the penalty. There is a similar story about a drug addict, but on this side of the border. That is, it all began last year when someone employed in the Self-Managed Community of Interest for Health Care in a small place at the foot of Mount Dinara went around shouting that a local inhabitant was infected with AIDS. Passions calmed down after that first expression of "tenderness," but recently, since signs of the disease began to appear, they have been on the rise once again. There is no doubt that he has the disease and has himself contributed to that animosity, but not through his fault, since the disease quite literally went to his "head." He committed several misdemeanors in the settlement and was certainly taken to court. However, he did not end up behind bars, as you might have imagined, since the physician explained that all this is the consequence of the disease. The explanation was accepted with relief that someone else would worry about the sick person instead of prison personnel.

Nothing but moving to Canada with his family was left to one of our citizens who worked in Africa a few years ago. When you realize that at least 20,000 Yugoslavs are working in Africa, it is clear what problems we can anticipate in a few years. That is, 30,064 AIDS sufferers have been reported to the World Health Organization on the African continent, mostly in countries crossed by the main Mombasa—Kinshasa Highway, which is Africa's main artery, but is also the greatest breeding ground for AIDS because of the traveling whorehouses.

Perhaps there is slightly less fear of AIDS in our country than in other countries, since we are still among those with a small number of people with AIDS. Thus, as of the beginning of June there were 81 people with AIDS in Yugoslavia, 35 had died, while neighboring Italy, say, had 3,773 reported cases of AIDS, France 6,409, and Spain 2,781. However, this does not entitle us to exaggerated optimism, says Dr Krsto Babic, director of the now well-known department in the Sixth Infectious Diseases Clinic in Zagreb where people with AIDS are treated. Although in the last few months the admission of patients in this department, in the case of AIDS, of course, has not been growing at the usual rate (one patient a month), this does not mean that there are fewer and fewer people with AIDS. Perhaps this is only the calm before the storm, since in the first 6 weeks of this year, for example, five patients with AIDS died in the clinic, and of the 28 treated in the past year 17 have died, Dr Babic mentioned. Since it is summertime and the season for annual vacations, the warning should be issued that sexual relations with a stranger could result in AIDS. A contraceptive can help, but there is no 100 percent safety, and one continues to be better advised to get to know someone better before sharing a bed, Dr Babic says, so that 1,000 days of grief does not come from a moment of joy. Assuming, of course, that survival lasts that many days after a person becomes infected.

Disastrous Summer Vacation

Some girls from Germany found that summer vacation could be disastrous when they paid too high a price for their vacation on the Spanish coast—they contracted AIDS. To make it all more sinister, their partners knew what they were doing, that is, they deliberately "shared" the disease with them. That is, they learned that it had all been a well-thought-out game of human cruelty and stupidity when they received from their former lovers a "present"—a dead rat, which recently has become the "symbol" of AIDS. In other words, everyone is his own best "lightning rod" if he wants to protect himself against AIDS, and that means that one can successfully avoid the HIV trap only by changing his own behavior. Unfortunately, 54,000 Americans did not manage to do this and have died of AIDS, which is almost the same number as wartime losses in Vietnam. At this point, it is difficult to figure at what pace the disease will spread, since, according to Dr Ivan Grmek, our well-known professor of the history of medicine, every epidemic has its own beginning and its own culmination. When and what that will be for AIDS time will tell, but according to the experts, the epidemiologists, at the moment there are about 5 to even 10 million people infected with the HIV virus on the globe, which means that in 10 years there would be about 15 million infected and about 6 million showing the symptoms of the disease.

There will obviously be time to say a great deal more about AIDS before a drug or vaccination is found, before we accept all the instructions being given us by the experts as to how to behave and how to change our behavior, before we learn to live with AIDS in the vicinity. Countries which have a higher level of health care and more money in their health service treasuries than we do are having a hard time coping. Even the advanced countries are not always sure about opening asylums to keep those who have AIDS and those who are dangerous to the environment or whether they should not, or should they go on for human rights and dignity regardless of what disease is involved. It is difficult to find answers satisfactory to everyone in answer to the numerous questions about AIDS. However, the fact remains that AIDS is taking one life in the world every minute.

COLOMBIA

100,000 AIDS Carriers Reported

PA0508030289 Hamburg DPA in Spanish 2347 GMT 2 Aug 89

[Summary] Colombian media have reported approximately 100,000 AIDS carriers in the country. They added that 705 citizens have caught the disease in the past 6 years and that 206 have already died from it. President Virgilio Barco's administration has undertaken a large prevention campaign against this deadly sickness and ordered rigorous control of the blood banks at state hospitals.

BANGLADESH

Major Outbreak of Kalaazar in Serajganj District

54500137 Dhaka THE NEW NATION in English 27 Jun 89 p 2

[Article: "1,000 Suffering From Kala-Azar"]

[Text] Kalaazar has broken out at alarming rate at different places in Serajganj district recently. At least 1,000 persons have so far been attacked with this deadly disease.

It is reported that out of the total, 75 persons have been attacked with the disease in Serajganj sadar, 475 in Shahzadpur, 325 in Belkuchi, 35 in Kazipur, 50 in Ullapara and 60 in Raiganj upazila.

Long time fever followed by anaemia and liver trouble are the primary symptoms of Kalaazar. In most cases the patient dies after suffering excruciating miseries.

The district Civil Surgeon office sources said 'sunfly' was responsible for the outbreak of 'kalaazar' the sources also admitted the widespread attack of the disease.

It is gathered that 'Stebatin' injection used to cure kalaazar has been scanty in the market. Taking advantage of this situation some dishonest druggists are selling one phile of this injection at Tk 350 against its retail price of Tk 20 only. As a result, poor patients are deprived of proper treatment.

A competent source said although the hospitals were aware of the epidemic, they did not procure necessary preventive medicines.

The local Health authority is however, learnt to have taken measures to eradicate sunfly to check kalaazar.

EGYPT

Fatal Livestock Virus Strikes Coastal Area

54004612z Cairo AL-AHALI in Arabic 7 Aug 89 p 1

[Report by Majdi Siblah]

[Text] The health directorates and veterinary units in Damietta and al-Daqhiliyah have warned against eating dairy products and meats because of the virus that has afflicted livestock in the coastal governorates.

This warning came after veterinarians failed to find a treatment for this virus.

A large percentage of the livestock afflicted with this illness has already died, and citizens have died from eating the meat of these afflicted livestock.

INDIA

'Alarming' Increase in AIDS Cases in Gujarat

54500138 Bombay THE TIMES OF INDIA in English 27 Jul 89 p 7

[Article by Gautam Mehta: "Gujarat AIDS Cases Alarming"]

[Text] The threat of AIDS is assuming alarming dimensions in the state. Forty-one new confirmed cases were detected last week by the AIDS surveillance centre of the Indian Council of Medical Research (ICMR) at the B.J. Medical College here.

With this, the number of people carrying the AIDS virus in the state has gone up to 92. Out of these, 84 cases are from Surat, two from Jamnagar, one each from Baroda, Rajkot and Bhavnagar and three from Ahmedabad.

Now Gujarat stands fifth in the country after Maharashtra, Delhi, West Bangal and Tamil Nadu—in terms of detection of new cases of the AIDS virus. All over the country, so far, the blood samples of 233,357 people have been screened, out of which 915 were confirmed for AIDS infection by the National Institute of Virology (NIV), Pune.

It is the professional blood donors who pose a serious threat for the spread of the AIDS virus in the state. As many as 84 cases have been registered in Surat alone. It is because of the professional blood donors. A leading pathologist of Surat believes that most of these blood donors had come in contact with prostitutes in Bombay.

Similarly, six cases from Jamnagar, Rajkot, Baroda and Bhavnagar are also reported to have acquired the virus after having sexual relations with prostitutes. While in the city, one case is related to a prostitute and two to professional blood donors. Not only that, the surveillance centre has sent another 107 blood samples for confirmation to the Institute of Immunohaematology and NIV, Pune. All these samples are from professional blood donors from Surat.

Senior doctors of the surveillance centre have established that the AIDS virus is fast spreading by way of blood transfusion, involving professional blood donors. The ICMR has already brought to the notice of the World Health Organisation (WHO) the sudden rise of AIDS infection cases in Gujarat due to blood transfusion, and has also sought its guidance.

The surveillance centre has submitted a detailed report to the ICMR, Delhi, stating that as many as 110,000 bottles of blood are being collected every year by the Indian Red Cross Society and other voluntary social institutions from the state. Over and above this, there are more than 230 private pathologists in the state who are collecting more than 50,000 bottles of blood from the professional blood donors.

Worried over the situation, the director-general, health services, has already issued a circular saying that all those who have received donated blood, or anti-D injections or serum injections during the past two years must get themselves examined at the AIDS surveillance centre to find out the possibility of presence of the AIDS virus.

On the other hand, the drug controller of the state government has directed all private pathologists in Gujarat to get examined the blood collected by them from professional donors, as a precautionary measure. However, the response from these pathologists is very poor. Now the Central government is reported to be seriously considering banning professional blood donations as well as keeping check on the private pathologists in this connection.

Dr K. K. Shah, the immediate past president of the Indian Medical Association and president of the South Asian Medical Association, who was the first to start a movement for the voluntary blood donation way back in 1949, describes the private pathologists as "reckless businessmen" who are collecting and selling blood merely for monetary gain, setting aside all medical ethics. Dr Shah says the situation in the city is most pitiable in so far as 40 per cent of the blood collected in the state comes from professional donors. "And mind you, the blood collected by paying only Rs 50 per bottle is sold by these businessmen at the rate of Rs 250 per bottle, Dr Shah adds.

According to him, blood is not a commodity which can be sold. It is also established that most professional blood donors traditionally carry a higher risk of infection as compared to voluntary ones. Most of these donors are a floating population in need of money. It is generally believed that professional blood donors in Gujarat include drug addicts, hotel boys, hostel students or beggars. Private pathologists almost never test the blood collected by them.

Dr Shah strongly feels that the government must immediately ban professional blood donation in the state, before the situation gets out of control.

However, Dr Dilip Shah, who is the chief medical officer of the Indian Red Cross Society, feels that it is not easy to keep a check on professional blood donation. But he does agree with Dr K. K. Shah's contention that the government must ban professional blood donation. Still better would be for the government to evolve schemes to encourage voluntary blood donation. He believes a lack of proper equipment and facilities is one of the reasons why private pathologists and voluntary organisations do not examine the blood samples. Only the AIDS surveillance centre of the ICMR has a micro-Elisa reader, costing Rs 75,000 for detecting the AIDS virus in blood samples. The government will have to set up more centres in the state.

Another complicating factor in the spread of the AIDS virus is the increasing incidents by homosexuality among the youths in the city.

According to Dr Anugrah A. Parikh, skin specialist, L. G. hospital and assistant professor, NHL Municipal Medical College, for every 100 cases of venereal disease at least six are victims of homosexuality. Such people either suffer from genital warts or syphilis (ulcer on genitals). Most of the patients are either hotel boys, beggars, or hostel youths. If either of two homosexual partners happens to be a carrier of the AIDS virus, the other will also acquire the virus.

It is reliably learnt that the Central government is planning to set up the major hospitals equipped with sophisticated equipment all over the country for medical counselling of AIDS victims. Gujarat is likely to get one such hospital.

Cholera Incidence in Baroda May Affect Elections

54500139 Bombay THE TIMES OF INDIA in English 20 Jul 89 p 8

[Article by Manas Das Gupta: "Cholera in Cong-Run Baroda"]

[Text] The recording of more than 100 cases of cholera in the city may be a godsend for the opposition to whip the Congress-ruled civic administration in an election year.

This, incidentally, is the biggest outbreak in the last 19 years, in 1970, 150 cases were recorded.

Early this year, 18 malaria and gastro-enteritis deaths were reported in various hospitals and another eight cholera deaths in private nursing homes.

However, nothing concrete is on the anvil to prevent such outbreaks though it is known that their primary cause is a vulnerable water supply system.

The city had fallen prey to a series of water-related epidemics last year. About 3,000 cases of malaria and meningitis were recorded here then. About 170 of the patients died. In 506 cases of acute diarrhoea, 18 died in hospitals, 12 jaundice deaths were reported out of 62 cases.

The civic authorities continue to plead helplessness citing paucity of funds to repair the old leaky water pipelines.

According to Dr Mrudula Trivedi, superintendent of the state-run I.D. Hospital, of the 96 patients admitted during the last fortnight, 44 were cholera cases.

There were another 25-odd cases reported from the S.S.G. hospital and the opposition municipal councillors claim that at least 100 more cases have been treated in private nursing homes.

Though the entire city has been declared "cholera threatened" by the government at the instance of the municipal corporation, the reported cases were mostly confined to its eastern parts.

The area receives water from the Ajwa Lake through a century-old pipeline laid at the time of the visionary ruler of Baroda, Sayajirao Gaekwad III.

Analysis of water samples from private and public connections in Fathehpura, Kalupura, Ranavas and Old Padra Road areas have confirmed contamination of sewage. There is no dispute among the various parties concerned that the epidemic outbreak was a result of the contamination.

The tests have shown that there is no contamination at the source, at Ajwa Lake. Officials maintain that no leakage is possible in the century-old cast iron pipeline from the lake. But even after more than a fortnight, the civic authorities have failed to detect the point of contamination. There is a move to create the impression that it is not possible to take any action about the leaks as they are in private lines.

A senior civic official says if the leakage is in the main line somewhere the whole municipality will have been affected. However, the civic authorities are in the process of acquiring leak-detecting devices from Bombay.

The contamination is confirmed by the fact that since the water supply through the pipeline was stopped and tankers were employed, not a single new case of infection has been reported. Moreover, a couple of cases of diarrhoea and jaundice were reported from the neighbouring Kisanwadi area where, despite the caution by the opposition corporators, the civic authorities failed to stop the contaminated water supply.

'Substantial' Number of Leprosy Cases in New Bombay

54500140 Bombay THE TIMES OF INDIA in English 18 Jul 89 p 5

[Article: "Many Leprosy Cases Found in Vashi"]

[Text] Over 162 people in New Bombay, including 50 students in 11 schools, have been detected to have been afflicted with leprosy in the last three months.

The fact was revealed during an on-going survey by a social welfare organisation, the Association for Leprosy Education, Rehabilitation & Treatment (ALERT-India), which is funded by Damien Foundation, Belgium.

"The number of cases, though not alarming, is substantial," according to Dr Lakshmi Ammu, medical officer connected with the project. "The survey has so far revealed that four out of every 1,000 people in New Bombay are afflicted with leprosy," she adds.

Leprosy a chronic infectious disease caused by microbacterium, leprae, is a disease of peripheral nerves but also affects the skin and other tissues, notably the eye, the mucosa of the upper respiratory tract, muscle and bone.

Even while the agency launched its house-to-house leprosy-control programmes in New Bombay, three months back, its programmes have run into rough weather.

The management of the MGMT Trust's Jijamata Hospital, where the organisation has been allowed to run its weekly clinic for the past three months, has ordered the group to vacate within a fortnight.

"We have already advertised about the clinic. How can we withdraw now" queries Dr Ammu. Many patients who have been undergoing treatment in this place will also be forced to shift to a new place, she adds.

Social organisations in the area could take help from government or civil hospitals in the area if they existed. Though, political parties and citizen's groups in Vashi have repeatedly stressed the need for a government hospital in the area, the call has fallen on deaf ears.

The survey has been covering only the economically-weaker sections based on a list provided by CIDCO (expansion not provided). But "that doesn't rule out the fact that a substantial number of other income group people also suffer from the disease," Dr Ammu points out.

"Fears about the disease are also unwarranted," she says. Not all cases are infectious and the disease is not necessarily deforming. Deformity occurs in only about 15 percent of untreated cases and that too, after three to six years," she says.

KUWAIT

Plan To Combat AIDS, Testing Described

54004535 Kuwait ARAB TIMES in English 9 Jul 89 p 7

[Article by Mahmud Murzi: "305 Males Tested for AIDS"]

[Text] AIDS tests were carried out in Kuwait in August, September and October last year on a number of venereal diseased patients, Director of Public Health and Member of the Anti-AIDS National Committee Dr Rashid al-Uwaysh said yesterday. He added that the tests confirmed that all those tested were free of AIDS. He said that 305 persons, all of them men, underwent the tests. But he warned that this positive result does not mean that all venereal diseased patients are not still threatened by the killer disease.

Dr al-Uwaysh represented Kuwait in the Fifth International Conference on AIDS, recently held in Canada. He submitted a paper on the Kuwaiti national efforts in confronting the disease. He added that Kuwait has been selected by the World Health Organisation, WHO, as an international reference for awareness information about AIDS.

He said that 11,000 specialists attended the conference and over 3,000 research papers were read. But he said that nothing new came out of the conference.

Plan

Meanwhile an official medical source disclosed today that the Ministry of Public Health will shortly launch a medium-term plan for fighting AIDS. The plan will include carrying out important AIDS tests on certain sections of people living in Kuwait, expected to be the section most endangered with the disease. These persons will include those who get blood transfusion outside Kuwait and expatriates coming from areas where the disease is widespread. The source described the tests carried on expatriates arriving in Kuwait and persons nominated for government jobs as successful.

UNITED ARAB EMIRATES

Report Provides Chicken Pox Statistics

54004536 Dubayy AL-BAYAN in Arabic 4 Jul 89 p 4

[Article: "2,329 Students Contract Chicken Pox; 92 Percent Vaccinated throughout Country"]

[Text] The total number of chicken pox cases recorded this academic year (1988-1989) in the state's schools amounted to 2,329. Al-'Ayn had the largest number of cases: a total of 489. Al-Fujayrah came second with 488 cases, and Abu Dhabi had 441.

The annual report by the ministry's Central School Health Department indicated that the figure also included 289 cases in the Emirate of 'Ajman, 217 cases in Umm al-Qaywayn, 134 cases in Dubayy, and 130 cases in Ra's al-Khaymah.

The annual report indicated that the total number of vaccines administered to students amounted to 11,585 for the three dosage vaccine; 24,374 for the two dosage vaccine; 24,288 for measles and mumps; and 24,375 against polio. Vaccines against German measles were also administered. Nationwide 44 percent received the BCG vaccine; 92 percent received the two dosage vaccine; 92 percent were vaccinated against measles and mumps; 92 percent received the polio vaccine; and 68 percent received the German measles vaccine.

The total number of students who were treated at school medical offices amounted to 88,433 male and female students. This figure represents 41 percent of all students. The number of students who were referred to the central medical offices for treatment was 53,562 male and female students. They make up 61 percent of all students. The number of students who were referred to specialized medical offices was 9,914 male and female students, and that represents 19 percent of all students.

Ten Children in Volgograd Diagnosed as AIDS Carriers

54001020b A. Lebedinskiy; Moscow MEDITSINSKAYA GAZETA in Russian 7 May 89 1

[Article by MEDITSINSKAYA GAZETA correspondent, A. Lebedinskiy, Volgograd: "An Echo of Elista?" first paragraph is article introduction; last paragraph is note from the newspaper's editorial staff]

[Text] **In these May days, the Volgograd Health Department is working without days off, and the staffs of the Oblast Health Department and of the Oblast Sanitary-Epidemic Station Department leave work for home long after midnight: ten cases of carriers of the AIDS virus have been diagnosed in the city.**

All the virus carriers—children from one and a half to ten years of age—have been diagnosed in the City Clinic Hospital No 7, where an interoblast center for resuscitation and surgery for young children serving Nizhneye Povolzhye and Kalmykiya had been opened. Additional studies conducted in Moscow confirmed the alarming news.

On April 29, a team of specialists flew to Volgograd; the team was led by K. I. Akulov, deputy minister of the RSFSR Ministry of Health and chief state sanitary physician of the republic. More than 2,000 people who have been in direct or indirect contact with the virus carriers will have to be examined. Hundreds have already been examined. The diagnostics laboratories at the oblast blood transfusion station and at City Hospital No 11 are working around the clock. No new cases of virus carriers have been found.

An additional 250,000 disposable syringes, 5,000 blood transfusion systems, and 10,000 pairs of surgical gloves have been allocated to the oblast, and the spectrophotomers needed for the opening of seven additional diagnostic laboratories have been sent from Yoshkar-Ola.

The causes of what happened and the source of the infection have still not been determined.

Editor's note: MEDITSINSKAYA GAZETA in subsequent articles will inform the reader about the course and results of the investigation of the cases of HIV infection in children in Volgograd.

AIDS Cases in Volgograd Bring Call for Preventive Measures

54001020a I Neklyudov; Moscow MEDITSINSKAYA GAZETA in Russian 21 May 89 p 2

[Article by I. Neklyudov: "Misfortune Caught Them by Surprise: The Emergency Antiepidemic Commission of the RSFSR Discussed the Reasons for the Outbreak of AIDS in Volgograd."]

[Text] Where will the next disturbing bit of news about the onset of the menacing virus come from? Are we doing everything (everything!) to put an insurmountable barrier in the path of the dangerous infection? Have we done everything so that children and adults admitted to a hospital in the hope of being cured and restored to health don't get an even worse and incurable disease? Those, let's say right out, are the kinds of not very pretty thoughts that come to mind from the news about new AIDS victims.

The USSR has diagnosed 234 HIV carriers. Twenty-four small children in Volgograd are on this wretched list. MEDITSINSKAYA GAZETA has already briefly reported the group infection of children with HIV in the Volgograd City Clinic Hospital No 7. Today we can report in more detail the reasons for it and the measures taken to eliminate the focus of infection. That was the topic of the meeting of the Emergency Antiepidemic Commission of the RSFSR that was held two days ago. But it was not the only topic discussed.

Opening the meeting, N. T. Trubilin, deputy chairman of the Council of Ministries of the Russian Federation and people's deputy of the USSR said:

"We are obligated today not only to make a thorough evaluation of the tragic events which have taken place in Volgograd, but also to once more analyze in depth the situation in the republic with regard to the prevention of the spread of AIDS. As it has turned out, the decision we made in February of this year in connection with events in Elista about additional measures for combatting AIDS has not been fully carried out. Up to this time we have not been able to prevent this misfortune."

A large number of disturbing facts were presented to the Emergency Antiepidemic Commission and to the board of the RSFSR Ministry of Health, which met the day before. It was noted, in particular, that practical and organizational measures developed three months ago are not being implemented as rapidly as planned. They're still just getting started in places, but when it comes to AIDS, you can't drag your feet. The outbreak in the city on the Volga graphically confirmed that once more.

The Commission of the RSFSR Ministry of Health, which was headed by Deputy Minister K. I. Akulov, established the source of the infection: a child from Elista admitted for treatment at Hospital No 7 was a virus carrier. The same situation was repeated in Kalmykiya: sterilization procedures were grossly violated in the thoracic department of the hospital, medical control was completely absent from the observation of the rules of asepsis and antisepsis, and, in flushing subclavian catheters with heparin solution, nurses would use the same syringe for several children. Massive infusion therapy was prescribed needlessly for the children, some of whom received up to 20-24 medications daily. Laboratory studies showed that about 8 percent of the syringes and needles which came from the centralized sterilization department contained hidden blood.

And all this happened in a clinical hospital of a large city, quite near specialists of departments of a medical VUZ.

At the present time, the focus has been localized: everyone who has been in contact with the infected children has been identified and examined. Although this was not easy to do—the chain of contacts was traced further, into other regions. To nip it in the bud. We have already reported about the administrative measures for punishing people who have tolerated criminal negligence. We can add that A. Perov, rector of the Volgograd Medical Institute has been reprimanded by the oblast ispolkom, and the board of the RSFSR Ministry of Health has relieved G. N. Akzhigitov, head of the pediatric surgery department, of his duties. The Office of the Public Prosecutor is conducting an investigation.

Reports were presented at the Emergency Antiepidemic Commission meeting on the situation in other regions, in particular, in the Stavropol and Khabarovsk krays, where, in the opinion of the commission, an intolerable situation has developed. In many hospitals, the RSFSR Ministry of Health found gross violations of sanitary-antiepidemic procedures and of the handling of instruments, poorly trained personnel in terms of disinfection and sterilization, and extremely poor coverage by HIV screenings of blood recipients and patients with indications. Analogous deficiencies in testing were also uncovered in a number of oblasts—among them the Bryansk, Kaluga, Irkutsk, Orel, Tula, Tyumeh, Yaroslavl oblasts—and in several autonomous republics.

It was stressed at the Emergency Antiepidemic Commission meeting that the RSFSR Ministry of Health is intolerably slow in solving the problems associated with the organization of a republic center for the prevention of AIDS and six regional centers. At present, not one such subdivision is functioning yet. The USSR Ministry of Medical and Microbiological Industry, the USSR Ministry of Instrument Making, Automation Equipment, and Control Systems, and the USSR Ministry of the Petroleum Refining and Petrochemical Industry have failed to make the radical changes necessary in providing RSFSR health institutions with the equipment and instrumentation needed for diagnosis and prevention of AIDS. Of the 138 instruments delivered in the first four months of this year by the USSR Ministry of Instrument Making, Automation Equipment, and Control Systems, not one could be used, because of the absence of complete sets of micropipettes, metering units, and base tables.

The absence of proper contact between medical personnel and internal affairs agencies was also noted.

The Emergency Antiepidemic Commission adopted an expanded decree for all the problems that were discussed; the decree laid out specific measures directed at the unconditional execution of measures for the prevention of AIDS. In particular, all for instruments for the diagnosis of AIDS must be supplied with all missing parts within three days, and the republic center and the regional centers for diagnosis of AIDS must be opened within a month and a half.

CANADA

AIDS Clinic in Toronto Hospital; Rate Doubling

Toronto Hospital Clinic Opening

54200065 Toronto THE TORONTO STAR in English 26 Jul 89 p A28

[Article by Tracey Tyler, TORONTO STAR]

[Text] A child's doodle of a little girl. "I have AIDS. Please hug me. I can't make you sick."

A Zambian soldier, rifle in hand. "Thank God I avoid AIDS. Now I can serve my country with pride," he says.

Images of AIDS, how to prevent it and how to cope with it, are on nearly 200 posters from around the world unveiled Monday at Toronto Western Hospital.

The occasion was the opening of the hospital's new AIDS clinic, whose director expects to treat 5,000 people infected with the HIV virus in the next two years.

"It's not just Toronto. We're getting patients from northern Ontario, southern Ontario, Michigan and New York for consultation and treatment," Dr David MacFadden said.

The $500,000 clinic at 750 Dundas St. W. is the fourth to be located in a Toronto hospital. Toronto General, St Michael's and Sunnybrook already have AIDS treatment programs, MacFadden said.

The Toronto Western clinic hopes to treat "the complex needs of AIDS patients" under one roof, he said.

Besides doctors and nurses, the clinic will have a psychologist and a social worker and will be the first to have a lawyer on staff, he said.

Graham Parker, a professor at Osgoode Hall Law School, will work at the clinic one day a week advising AIDS patients on legal and ethical concerns.

MacFadden also hopes to run a training program for doctors outside Toronto, as well as for medical, legal and social work interns, because Ontario has a shortage of people experienced in dealing with AIDS.

"When you think about it, they'll be able to learn their trade in an HIV setting," he said.

The art exhibit, entitled Visual Aids, seemed to intrigue patients and other people looking at some of the milder posters in the hospital lobby. The more explicit images, graphic depictions of homosexual sex, were reserved for the walls of the clinic, across the road.

As of 17 July, 2,810 cases of AIDS had been reported in Canada. Of these, 1,190 are alive and 1,620 have died.

Doubling Every 19 Months

54200065 Toronto THE GLOBE AND MAIL in English 3 Aug 89 p A8

[Article by Christie McLaren, THE GLOBE AND MAIL]

[Excerpt] More than 2,850 Canadians have developed AIDS, according to the most recent federal statistics.

But it is not known how many people may develop the fatal condition in the future because Ottawa does not keep track of how many healthy people are infected with the human immunodeficiency virus.

Each province collects data on the number of people who have tested positive for the HIV in a voluntary blood test. By January 1988, a GLOBE AND MAIL survey of provincial laboratories showed that more than 10,000 Canadians (of 150,000 who had sought the test) were infected with the virus.

The federal government does not compile the provincial data because it does not consider it an accurate reflection of the epidemic, Betsy MacKenzie, an epidemiologist at the Federal Centre of AIDS, said in an interview yesterday.

"It's part of the picture, but it's a potentially misleading part of the picture, because we know that people who suspect they might be HIV-positive don't necessarily seek the test."

In an effort to determine how widespread the HIV is in Canada, the AIDS centre recently invited scientists to propose research studies into its prevalence.

The studies, to be financed by Ottawa and to be completely anonymous, would test samples of blood collected routinely for other purposes at hospitals and laboratories, or from women of childbearing age or patients at clinics for sexually transmitted diseases.

Meanwhile, by the end of July the number of AIDS cases reported to the federal government had reached 2,853, said Dr Alastair Clayton, director of the Federal Centre for AIDS. More than half of the people afflicted—1,638 or 57.5 per cent—have died.

Ontario still has the highest number of reported cases, with 1,130. Quebec is second with 830, followed by British Columbia with 587. British Columbia actually has the highest concentration of AIDS cases at 200 per million people, compared to 124.5 in Quebec and 121.4 for Ontario. The national average is 110.6.

Across the country, reported new cases are now doubling every 19 months, compared to every 10 months four or five years ago.

Dr Clayton said he thinks a plateau is being approached, or has been reached. "The question is, is this a real plateau? Or is it something that's going to take off again?"

Eighty per cent of the cases are in men who have engaged in high-risk sexual behavior, such as unprotected anal intercourse. Dr Clayton speculated that education programs several years ago stressing safe sex may have led to the decline in new cases. But he said there could yet be an increase in AIDS among intravenous drug users. [passage omitted]

FEDERAL REPUBLIC OF GERMANY

FRG, GDR Cooperate in AIDS Research

MI890351 Bonn TECHNOLOGIE NACHRICHTEN-MANAGEMENT INFORMATIONEN in German No 505, 15 Jun 89 p 8

[Text] Talks have been successfully completed on strengthening AIDS research cooperation between Bavaria and the GDR. An exchange of letters between the Bavarian State Ministry of Science and the Arts, and the GDR Minister of Health has now brought a protocol to this effect into force.

The agreement provides for cooperation between scientists from both partners' universities on basic research (virology, immunology), clinical research (diagnostics, therapy), epidemiology, psychology, and hospital hygiene topics.

The agreement also provides for exchanges between scientists and at least one joint working session per year, alternating between Bavaria and the GDR. The following scientific bodies will participate:

For Bavaria:

- University of Erlangen-Nuernberg, Institute of Clinical and Molecular Virology, Loschgestrasse 7, 8520 Erlangen;
- University of Munich, Dermatology Clinic and Polyclinic, Frauenlobstrasse 9-11, 8000 Munich 2;
- university of Munich, Max von Pettenkofer Institute of Hygiene and Microbiology, Pettenkoferstrasse 15, 8000 Munich 2;
- University of Munich, Medical Polyclinic, Pettenkoferstrasse 8, 8000 Munich 2;
- University of Wuerzburg, Institute of Virology and Immunobiology, Versbacherstrasse 7, 8700 Wuerzburg.

For the GDR:

- Old Humboldt University of Berlin, Faculty of Medicine (Charite), Institute of Medical Immunobiology, Dermatology Clinic and Polyclinic, and Institute of Hospital Hygiene, Schumannstrasse 20-21, Berlin 1040;
- GDR Academy of Sciences, Central Institute of Cancer Research, Lindenberger Weg 80, Berlin 1115;
- GDR Central Institute of Hygiene, Microbiology, and Epidemiology, Britzerstrasse 1-3, Berlin 1130.

Each of the parties to the agreement can extend the range of the participating scientific bodies and scientists according to need. Bavaria and the GDR undertake to finance all research activities with special state grants and financing. The agreement will run for 3 years and will be renewed automatically for 2 years at a time unless notice of withdrawal is served.

08702

FRANCE

Measles, Mumps, Rubella Vaccination Campaign Urged

54002516 Paris LE MONDE in French 2 Aug 89 p 16

[Excerpt of an article by Beatrice Bantman: "Vaccines: A Quiet Campaign"; LE MONDE lead is "Three childhood illnesses must disappear by the year 2000. The Ministry of Health is campaigning to achieve that end."]

[Excerpt] Can measles, rubella and mumps be eradicated? French health authorities, who are giving themselves 10 years to eliminate these three illnesses and are launching a national vaccination campaign next fall, are betting that they can. To reach this goal that they describe as "ambitious but realistic", officials will soon have a hefty advantage: Social Security has just agreed to reimburse for the MMR, the triple measles, mumps, and rubella vaccine.

Why has an effective and safe vaccine like the MMR remained underused in France? Is it because doctors and the public are unconvinced of its value? Do the childhood illnesses against which they immunize seem, mistakenly, too benign to justify vaccination? Is it fear or simple negligence that has caused the French to cold-shoulder vaccinations, even mandatory ones, and, a fortiori, those which are only recommended?

The motives cited above probably explain the disaffection for the anti-measles vaccines and the MMR triple vaccine, which have never, in France, enjoyed anything more than critical success. Fewer than half of [French] children are presently vaccinated against measles and the results are seen in the disease's frequency.

According to data gathered by WHO in 1987, France holds the record for the number of measles cases, far ahead of other European countries. That year—admittedly one marked by an epidemic—nearly 500,000 cases of measles (of which 13 resulted in death) and 300,000 cases of mumps were recorded.

Conversely, in the United States and the dozen or so European countries where the triple vaccine has been widely used, the frequency of these illnesses has dropped considerably, though they have not been eradicated. In the Third World, it is estimated that 2 million measles deaths have been prevented each year since 1974, the year WHO instituted an expanded vaccination program.

Faced with such an anachronistic situation, French authorities had no choice but to react. Precise deadlines were set in Rome, at the January 1989 meeting of the European consultative group for the expanded vaccination program. They included: achieving triple-vaccine coverage of at least 90 percent of the population concerned by 1990, eradicating European cases of measles by 1995, and eliminating congenital rubella by the year 2000.

Disadavantages of a Double System

According to specialists, these goals require that the record rate of 90-percent vaccinal coverage be achieved very rapidly and that it be maintained, even increased, in the 10 years following.

Dismantling of 'Ecstasy' Drug Network Detailed

53002564 Paris LE FIGARO in French 26 Jul 89 p 7

[Excerpts from an article: "A Defeat for the Love Pill"; LE FIGARO lead: "An important network for distributing Esctasy, an aphrodisiac drug, dismantled in the south of France"]

[Excerpts] The "love pill" has suffered a defeat in the south of France. The largest Ecstasy-trafficking operation ever uncovered in France has just been dismantled in the southeast. Six charges were filed yesterday. On Thursday and Friday, 18 people were arrested during a police operation carried out simultaneously in Avignon, Salon-de-Provence, and La Seyne-sur-Mer. During searches investigators seized 2,000 tablets of Ecstasy, cocaine and heroin.

According to the Avignon central police station, the operation involved "a large drug resale network, centered around Avignon, with offshoots in several departments." Several private homes were used as points of sale. The Ecstasy tablets were then distributed in bars or nightclubs, for 300 francs apiece.

Last April, an identical trafficking operation was dismantled in Vaucluse and 200 gelatin capsules of Ecstasy seized. Officers of the Avignon Narcotics Brigade have continued surveillance ever since and had several people followed. These shadowings brought them to Bernard Genzan, a big-time, escaped drug-dealer, who has been sentenced twice.

Ecstasy, a euphoria-inducing amphetamine, arrived in France during 1986-87 from the United States. There it had already been making the rounds for several years under the names of "Speed for Lovers", "Eve", or "Adam", because of its presumed aphrodisiac qualities. Alerted by hospitals specializing in the treatment of drug addicts, the narcotics brigade began to turn its attention to the "love pill." Ecstasy is classified in Table B of narcotics substances: its use and sale are prohibited.

The first big seizures of the new drug took place in October 1988 in Limoges. Ecstasy is apparently not manufactured in France. "It comes from clandestine laboratories in the United States, Canada, the Netherlands, and the FRG," explains Patrick Riou, chief of the narcotics and pimp brigade (BSP). Ecstasy fanciers resemble cocaine users. They are recruited from among affluent night-lifers who haunt the hip spots of the capital and the Riviera. Their number is unknown. Police speak reticently of a "black figure" for initiates of the "pink paradise"—in other words, impossible to estimate.

BSP investigators have begun discreet surveillance of this "white collar" drug circle. A special section was even created recently for that purpose. Patrick Riou admits that the Ecstasy "underground network is proving difficult to infiltrate because it does not resemble traditional narcotics-traffic rings." [passage omitted]

Ecstasy users mostly use the drug only on occasion. "They are people who take toxic substances for recreational purposes," according to Doctor Chavagnat's definition. Almost as a convivial pastime. Not everyone is able to "manage" consumption of the drug. "The whole problem is escalation," the physician concludes. It has been proved that the effects of the substance diminish with the number of times the drug is taken. Initiates therefore seek to increase the dose. The risk of tolerance can ensue, as it does with the "traditional" drugs heroin and cocaine.

IRELAND

Medical Paper Gives New Statistics on AIDS Cases

54500145 Dublin IRISH INDEPENDENT in English 7 Jul 89 p 3

[Article: "47 Die as AIDS Cases Reach 102"]

[Text] More than 100 Irish people have been hit by the AIDS epidemic and 47 have so far died.

A total of 99 cases have been officially reported to the Department of Health since the disease hit this country and another three are in the process of being notified. Of the 99 cases, 39 have been homosexual or bisexual people, according to the Irish Medical Times. Thirty four were drug abusers, 12 heamophiliacs, four babies born to drug-abusing women and three were heterosexuals.

Women were the only heterosexual cases so far. All three of them died from the disease, as did the four babies of drug-abusing mothers. The Department of Health now plans to push a medical and social care programme to ensure AIDS patients are cared for in the community "as much and for long as possible".

So far this year, 34 people have contracted AIDS and 16 have died.

Incidence of Skin Cancer Doubles in 20 Years

54500136 Dublin IRISH INDEPENDENT in English 16 Jun 89 p 6

[Article by Stephen McGrath: "Skin Cancer Death Rate Doubles"]

[Text] Deaths from skin cancer here have doubled in the past 20 years, a cancer specialist told an international conference on cancer prevention in Dublin yesterday.

Dr Michael Moriarty of St. Luke's Hospital, Dublin said skin cancer was now very common in Ireland—perhaps twice as common as in Britain.

He urged people who were poor tanners to avoid the midday sun and to use sun screens. Poor tanners were likely to have pale skin, fair hair, and blue eyes.

Between 25 and 30 percent of all cancer suffers now presenting at St. Luke's were suffering from skin cancer. It was important to treat such cancers early but 20 percent of sufferers waited for a year or more before going to the doctor about the problem.

Speaking on 'Cancer Prevention in the Workplace', Dr. Moriarty said there were 14,000 new cases of cancer each year in Ireland and 7,000 people die annually from the disease.

There were many misconceptions about it, he told the conference organised by the National Industrial Safety Organisation. For example, it was not true to say that cancer was the most common cause of death or that it was never curable.

Smoking was the major cause of cancer in Ireland. It not only increased the risk of lung cancer, but it was also a factor in the development of cancers in the head and neck, bladder, oesophagus and the pancreas.

Dr. Moriarty said 20 percent of all cancer deaths in females were due to breast cancer. A family history, genetic factors and diet were all factors linked to the incidence of this type of cancer.

Cancer screening resulted in a modest prevention rate and he said a National Programme of breast cancer screening for women over 50 was being considered. It would cost £1 million to set up and £1 million to run.

Referring to bowel cancer, he said it was important that teenagers learned to benefit from a good diet of high vegetables, cereals and fruit while they were very young. It was important that children were put on correct diets from the age of 10.

Cattle Deaths From Catarrhal Fever on Northeast Farm

54500135 Dublin IRISH INDEPENDENT in English 19 Jun 89 p 13

[Text] More than 30 cattle have died from an AIDS-type disease which has struck in the northeast, bringing fear of an epidemic to the farming community in the region.

Fourteen more cattle owned by Mullagh, Co. Cavan, farmer John Mulvaney were disposed of over the weekend as the viral disease, identified as malignant catarrhal fever, raged through his herd of 102 cattle, bringing to 33 the total number of deaths in the past three weeks.

Mr. Mulvaney has land in Co. Meath, at Crosakeel, as well as near his home, and the outbreak—thought to have come directly or indirectly from sheep—occurred almost simultaneously on both farms.

Although the Regional Veterinary Research Laboratory at Abbotstown, Co. Dublin, has been investigating the outbreak, no steps have been taken to quarantine the herd, according to Mr. Mulvaney's vet, Aidan Foley of Kells.

"Malignant catarrhal fever is not a notifiable disease, so no legal restrictions have been placed on the herd," he said. He said Mr. Mulvaney had acted very responsibly throughout the entire outbreak.

Ironically, sheep, who are carriers of the disease on the farms remain perfectly healthy, said the vet.

Mr. Foley said there was concern that carcases of the dead animals could be used to make beef and bone meal which would be fed to animals next winter. "We know so little about the disease at this stage that it is not possible to say how it can be contained or spread," he said.

He spoke of the situation as "most distressing" and said there was no known cure for the disease, which causes the animal's entire immune system to break down. "There isn't even a blood test that we can carry out to see if an animal has the disease," he said.

Mr. Mulvaney, who is 35, is married with three young children. Neighbours and farmers in the area held a meeting to discuss how they could help him out of the financial hardship that the outbreak has caused.

NORWAY

Gnat-Related Virus Found in Telemark

54002511d Oslo AFTENPOSTEN in Norwegian 1 Jul 89 p 20

[Article by Lene Skogstrom: "Telemark Gnat Causes Virus Disease"; first paragraph is AFTENPOSTEN introduction]

[Text] Irritating, but rather harmless. That is how we have regarded the Norwegian biting gnat. But summertime's buzzing plague can also bring disease. Ten cases have been discovered in Telemark.

The Swedes were the first to detect the gnat virus. It causes a short-term fever and rash, and inflammation of the joints which can last for several weeks—yes, up to a year. There is no medicine for the virus illness.

It is called "the berry picker's disease" in Sweden. And it is in the berry picker's month of August that most cases have occurred. Last year about 10 people of various ages were afflicted with the gnat sickness in Telemark—or more accurately in the Rjukan area.

"We had our first patient in September last year. He had a red rash on his hands and feet, influenza-type symptoms and painful swelling of his wrists and ankles," said private practicing physician Roger Hatlen in Rjukan.

Several other Rjukan doctors had similar cases, and it was the National Institute of Public Health (SIFF) which discovered that the cause was the so-called sindbis virus.

"One of the patients had similar symptoms again this year. We know little about the delayed effects," said Hatlen.

"One can wonder over how widespread this virus is. Doctors often come across similar symptoms, but nobody imagined that the cause was a gnat bite!"

Recently researcher Mehl of SIFF spent 3 days at Miland and Mael in Tinn Municipality and caught gnats. The gnat virus comes from a very limited area, by the river delta where the Mana runs into Tinn Lake—an Eldorado for biting insects.

Mehl came back from Telemark Wednesday, and is in the process of isolating the gnat virus.

"The virus was detected once before in Norway after the Swedes discovered it 5 or 6 years ago," he said.

"There is no reason for a panic over the gnat virus. The virus is probably not widespread in this country. If we get reports of more cases we will make tests in different areas in order to map the spread," he said.

Actually the disease is transfered from birds to people via the common gnat. That is also the reason why the disease can be widely spread. It is often migratory birds which carry the virus.

SWEDEN

National AIDS Campaign Criticized

54002515a Stockholm DAGENS NYHETER in Swedish 5 Jul 89 p 3

[Guest Commentary by Jon Voss: "Discontinue the AIDS Delegation!"]

[Text] The Swedish AIDS delegation has now received a thorough reprimand from the National Auditing Department (RRV). One of the reasons for that is the fact that its campaign is ineffectual and that it is not in contact with reality.

Furthermore, it is criticized because they completely forget popular movements and authorities in planning the campaign. They put their trust in a standard "market research campaign" to too great an extent.

Reading the RRV's report makes one feel quite relieved, and especially so because the RRV's analysis agrees so closely with all the criticism that has been brought forward during the period when the campaign has been going on.

Right from the start the complaint was raised that people from the AIDS delegation avoided taking advantage of the popular movements as a resource for accomplishing the purposes of the popular education program. Right from the beginning, irritated whisperings were heard from the "foot soldiers" within the National Social Welfare Board, local authorities and popular movements regarding the alignment of the Ted Bates advertizing agency. But the criticism did not get a chance to develop.

In particular, the exhortation not to "single out groups at risk" was the height of hypocrisy. Representatives of groups of homosexual and bisexual people have asked the AIDS delegation to abandon this strategy time after time.

It cannot be true that it is concern for homosexuals and bisexual individuals and IV-drug addicts that motivates people to avoid speaking so markedly open. It must be other, very confused, ideas and ways of thinking which provide that motivation.

One suspects that it is the "majority" which they are interested in, and that it is the decent heterosexuels who are to be saved, and not the peculiar gays, lesbians, and IV-drug addicts. The "ordinary" young people with good morals are to be encouraged, in morally acceptable language, to avoid contacts that may be "dangerous."

The results obtained from the 50,000,000 people on whom the campaign has concentrated are just as ineffectual and equivocal.

Since the AIDS delegation sends out notices addressed to men who have sex with men, those notices are profoundly prejudiced and offensively moralistic. This is a moralism that really emanates from the majority's distorted picture of gays, lesbians, and bisexual people in our society.

Why have they chosen to ignore the RFSL [expansion unknown], for example, or other homosexual representatives in the planning of their campaigns?

The result of this complete failure has to mean that Gertrud Sigurdsen will resign as AIDS delegation

chairman. The tactics for which she is responsible politically, in a constant conflict with Sweden's homosexuals, have failed. Her insensitivity toward one of the groups in society that is hit the hardest by the diseases does not engender a great deal of confidence. Likewise, cooperation with Ted Bates has to be discontinued or toned down.

How can a Swedish Social Democratic government allow itself to be so completely swallowed up, with the support of the AIDS delegation, by Ted Bates? How can the Swedish Social Democratic government desert "the Swedish model" so completely? Where popular movements are involved, confidence exists that society's problems can be tackled on the strength of such movements' contacts with reality and their experience. If it had been a Conservative government, the alliance with Ted Bates would have been less surprising.

Perhaps the answer to these questions can be sought in the actual structure of the AIDS delegation, or rather in its lack of structure. It has been a group with political and medical domination right from the start. Behavior experts, sociologists, and various specialists from popular movements are conspicuous in their absence. That, too, has certainly been the object of criticism on numerous occasions, but the delegation and the Ministry of Health and Social Affairs have chosen not to listen.

Sweden has had an AIDS policy that was unique in many ways. It is important to point out that fact. We do not see those sick with AIDS who lie dying in the streets, the individuals who are sick with AIDS get free medicine, free medical treatment, home care (at least theoretically), preference in housing queues, financial support and a chance to receive sickness benefits. We have no HIV testing at the border. We have no HIV camps (even if they were close by), we do not put individuals who are sick with AIDS in prison because they are sick, we give care to IV-drug addicts (even if they don't want it) and we give compensation (no matter how little) to those who were infected by transfusions and to hemophiliacs.

But at the same time an AIDS policy with strong social control has been pushed through in Sweden, with puritanism and efficiency. With the help of the mass media's hyenalike behavior and hysterical reporting when AIDS was "in style," compulsory preventive detention of the infected was introduced, they pushed registration of HIV-positive individuals through and they closed down the so-called sauna clubs entirely unnecessarily.

What makes the AIDS campaign in Sweden a catastrophe is the fact that it combines all the worst aspects of a centralized and puritanical society. It is a combination of not daring to speak openly, not daring to put reliance on ordinary people, not daring to repose confidence in infected individuals, using social control as a way of appeasing the mass media and the hyenas, and being afraid of sexual education which produces the results that are criticized severely by the RRV.

It is not enough to give the RFSL and Noaks Ark and the RFHL [expansion unknown] several millions of kronor and then put one's hand piously on one's heart. It is not in the number of distributed or undistributed coins that we should look for the solution to the problems connected with the Swedish AIDS policy, but in something entirely different.

Let me give you a tip on that. Discontinue the AIDS delegation during the fall and let Messrs. the doctors and the top politicians practice in the Prevent AIDS County Council in Stockholm. I myself have had a chance to see how people work there by giving lectures on homosexuality within the "youth project."

It is precisely the ordinary people that have been used in the Prevent AIDS County Council "youth project." The individuals who work with young people have been trained for 2 days, among other things. On the first day, they chatter about young people and sexuality, about being young and homosexual and about young people in the risk zone. The material naturally touches on the subject of AIDS, but it is not AIDS and HIV on which they concentrate. On the second day, AIDS is taken up from a historical point of view (the practitioners from the AIDS delegation ought to listen even more attentively to this), and it is only after that that they go into the disease itself and its medical and social consequences, and into how we can deal with the problem as ordinary people. Furthermore, for the pleasure of those in attendance, and as a special treat, a little sherbet is offered during the intermissions.

It is known that ordinary, honest people can be used within that project in the battle against AIDS. And it is also known that AIDS cannot be separated from Swedish tradition—a tradition of sexual education and a positive outlook on sexuality. And it is known that AIDS cannot be separated from its social context.

When people arrange for searching activity to be carried out, together with the RFSL, in parks and in the streets, to reach men who have sex with men directly, what is being done is everything the AIDS delegation failed to do, and that is to talk with people the way people talk to each other.

And, finally, when people come out with advertisements regarding HIV and AIDS that are addressed to men who have sex with men, it is done in a way that takes a positive attitude toward life, where both the text and the illustrations are concerned.

Things are not totally perfect within the project, but they have understood what the AIDS delegation refused to understand—the fact that Sweden has a great deal more in common with Denmark than with the United States, for example. Also the fact that Swedish tradition and social consciousness are something we can make use of, and not be afraid of, in the battle against that which is the greatest medical threat of our time. Also that "good dialogue" is filled with trust, two-way communication and pleasure, and not with innuendos and lofty attitudes.

In the midst of our rejoicing over the fact that someone who carries some weight is objecting to the AIDS delegation's mistakes, one cannot avoid feeling bitter that it is only when another central organ protests and points out the mistakes that people listen to what is being said in the Ministry of Health and Social Affairs, if one is not obstinate enough now to continue to pretend not to understand this time, too.

Colorado Potato Beetle Again Causing Devastation in Skane

54002515b Stockholm DAGENS NYHETER in Swedish 6 Jul 89 p 12

["Much-Feared Potato Beetle in Skane Again"]

[Text] The first examples of the much-feared Colorado potato beetle, which eats potato tops, have been encountered in Ystad.

Warm and brisk winds probably brought it to Sweden from Poland or East Germany.

"This discovery is extremely alarming in the prevailing weather situation," says Arne Lynge, the chairman of the National Farmers' Association (LRF) in Skane.

The Colorado potato beetle is found generally distributed in potato plantations in northern Europe. No hibernating types of noxious insects are found in Sweden.

The Colorado potato beetle is feared because it can breed in a short time and devour the potato tops in the plantations where it gets a foothold and can lay eggs. A single beetle can give birth to 100,000 new beetles in one summer.

To the Police

The first discovery in 1989 was made on Tuesday, 4 Jul 89, on the shore of the Baltic Sea at Saltsjobaden in Ystad. The potato beetle, which is similar to a ladybug in size, and which is black-and-gold-striped instead of having red and black spots like a ladybug, was turned in to the Ystad police.

The police determined that it really was a Colorado potato beetle. The 1988 Colorado potato beetle invasion provided experience.

Disturbed National Farmers' Association (LRF) Chief

During the day on 5 July, the noxious insect and the area of the discovery were investigated by personnel from the plant inspection unit of the Agricultural Administration office in Malmo.

The LRF's chairman, Arne Lynge is disturbed.

"With the prevailing heat, it can be feared that more beetles will fly in from countries south of the Baltic Sea," he says, and points out that there is an existing obligation to report and combat the Colorado potato beetle. Discoveries should be reported to the police immediately.

Have Hibernated

Discoveries of Colorado potato beetles have been made in Sweden for a number of years. A hibernating type that nevertheless was combatted successfully was even discovered one year in a place in the southeastern part of the country.

Potatoes were also formerly imported in rather large quantities from southeastern Europe. It was not unusual to find Colorado potato beetles in the loads at that time. The vehicles were sent back to the shipping country with their loads as soon as it was determined that there were Colorado potato beetles in those loads.

UNITED KINGDOM

Anthrax Outbreak on Welsh Pig Farm Causes Concern

Discussion in Commons

54500132 London THE DAILY TELEGRAPH in English 12 Jul 89 p 15

[Text] An outbreak of anthrax at a pig farm in north Wales was "no cause to be alarmist" Mr Wyn Roberts, Welsh Minister, told the Commons yesterday. He was replying to Mr Barry Jones, Opposition Welsh spokesman, who had tabled an emergency question and had accused him of "passing the buck" and "fumbling and fudging."

Mr Jones called for the source of the infection to be identified, and said there was great concern about the possibility of the disease being transferred to humans from Singret Farm, Llay, near Wrexham, which is close to a housing estate.

Some professionals considered the situation to be out of control and the contamination to be astronomical, said Mr Jones.

The community physician of Clwyd health authority was "greatly concerned" about the possibility of anthrax infection being transmitted from the livestock on Singret Farm to slaughtermen and meat inspectors.

"She also said she was concerned at the hazard to the general public from infected meat as anthrax was very persistent," he said.

He quoted a lecturer in farm animal medicine at Liverpool University, who said he was "appalled" that a notifiable disease could be dealt with in "such a low key manner."

Mr Jones, the MP for Alyn and Deeside, told the minister: "You appear to have passed the buck. You have fumbled and fudged. You have been secretive and laggardly.

"My constituents face a potential grave health hazard and the farmer, Mr Priestley, needs a fair deal."

He called for compensation and aid to be given to the farmer as he now had 250,000 tons of infected slurry to dispose of and had suffered "a personal nightmare."

Outlining measures taken against the disease, Mr Roberts said people coming into contact with the pigs had been warned to be vaccinated.

In addition, precautions were being taken to prevent affected pigs entering the food chain through inspection by veterinary officers on farms prior to slaughter, he said.

"There is no cause to be alarmist about this. We shall do everything possible to curtail this outbreak."

"Disposal of carcasses and cleansing and disinfection is sufficient to curtail any outbreak. Despite these measures, the outbreak continues," said Mr Roberts.

"I can assure you that my department and the state veterinary service will continue to give the fullest support."

'Worst Outbreak in 50 Years'

54500132 London THE DAILY TELEGRAPH in English 15 Jul 89 p 4

[Text] Local authorities demanded immediate action yesterday over the anthrax outbreak at a pig farm near Wrexham, Clwyd, which has killed 25 animals and is believed to be the worst in Britain for 50 years.

The farmer, Mr Geoffrey Priestley, who has spent 22 years building up his herd, said: "It is a disaster and could mean bankruptcy." Government laboratories at Weybridge, Surrey, are producing a vaccine to curb the disease. The Welsh Office said there was no danger to humans.

Common Market Bans Export of UK Cows To Combat Disease

54500144 London THE DAILY TELEGRAPH in English 27 Jul 89 p 2

[Article by Godfrey Brown, Agriculture Correspondent: "EEC Bans Live Cattle Exports To Fight 'Mad Cow' Disease"]

[Excerpt] Exports of many live cattle from Britain to other Common Market countries are to be banned because of "mad cow" disease, bovine spongiform encephalopathy (BSE).

The decision, by the EEC's standing veterinary committee, will have "a considerable impact on our export market", the National Farmers' Union said last night.

The ban will apply to all live cattle born before July 18 last year, and to those born on or after that date to a cow suspected of, or confirmed as having BSE.

Cattle suspected of having the brain disease, which is fatal to the animal, are compulsorily slaughtered and the carcasses incinerated. Up to the end of last week, the disease had been confirmed in a total of 5,669 cattle. About 100-120 new cases occur each week.

The NFU said some exporters of breeding animals would suffer heavy losses.

An NFU spokesman said the ban was being imposed for animal health, not public health reasons.

Beef cuts and carcasses could still be exported, as there was no threat to consumers in this or other countries. The use in food for human consumption of cattle brains and other officials was also banned in case BSE-infected material got into the food chain, he added.

The Ministry of Agriculture said last night that the Brussels Commission recognised that the likely source of infection was contaminated feed, such as bonemeal made from the byproducts of ruminant animals.

The Government had banned the use of ruminant-based animal protein in feed since July 18 last year, so animals born since then would not be likely to contract BSE in the same way. [Passage omitted]

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